STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	GARY W. Moori	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: _ CITY: _	Standish Me	Member of the Senate, District
ZIP CODE:	OU084	
PHONE NUMBER:	3) <i>08</i> 095	

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	<u>Principal Type of Economic</u> Activity of Employer
State of Man	Augustra: The	Activity of Employer Beside the Service
1 08		
	, and a surprise	
	 .	A A A A A A A A A A A A A A A A A A A
Enter the name and addre	th a partnership, firm, professional assoc	For Legislators who are self-employed.) ajor areas of economic activity from which you derivitation, or similar business entity, list the major areas o
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
NA		
T MENT		
derived such income. If	this form of disclosure is prohibited by la	onomic activity of the entity or person from whom you, rule, or an established code of professional ethics or person from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
NA		
	OF PRACTICE. (For Legislators who aw firm, list the major areas of practice of	
	aw firm, list the major areas of practice of	f your firm.
Name and Address of Fir	aw firm, list the major areas of practice of Major Areas of Major Areas of Practice of Major Areas of Major	tice <u>Major Areas of Practice</u> (firm)
Name and Address of Fir	aw firm, list the major areas of practice of Major Areas of Prac	f your firm. tice Major Areas of Practice (firm)

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
Maine State Retin	ement System. Augustia. The	Teacher retirement
	-	
, ,		
ART V. DISCLOSURE OF R 3,000 or more that you received du to list loans from a relative. If non	REPORTABLE LIABILITIES. List the naturing the reporting period, and list the major are, so state.	mes of creditors for any unsecured loans of eas of economic activity of each creditor. Do
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
NIR		
	•••	
ART VI. DISCLOSURE OF O	GIFTS. Name the specific source of each gi	
ART VI. DISCLOSURE OF Ogregate value of more than \$300 to	GIFTS. Name the specific source of each gi from a single source. If none, so state. 3.	ft of more than \$300. Include gifts with an
ART VI. DISCLOSURE OF Ogregate value of more than \$300 to	GIFTS. Name the specific source of each gi from a single source. If none, so state.	ft of more than \$300. Include gifts with an
ART VI. DISCLOSURE OF Our of more than \$300 for the state of more than \$300 for the state of the	GIFTS. Name the specific source of each gi from a single source. If none, so state. 3. 4. HONORARIA. List the source of any hom ne, so state.	ft of more than \$300. Include gifts with an
ART VI. DISCLOSURE OF Our of more than \$300 for the state of more than \$300 for the state of the	GIFTS. Name the specific source of each gi from a single source. If none, so state. 3. 4. HONORARIA. List the source of any hom ne, so state.	ft of more than \$300. Include gifts with an
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ART VI. DISCLOSURE OF Cogregate value of more than \$300 for the state of the state	GIFTS. Name the specific source of each gi from a single source. If none, so state. 3. 4. HONORARIA. List the source of any hone.	ft of more than \$300. Include gifts with an
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ART VI. DISCLOSURE OF Orgregate value of more than \$300 for the state of the state	GIFTS. Name the specific source of each giftom a single source. If none, so state. 3. 4. HONORARIA. List the source of any home, so state. 3. 4. ON BEFORE STATE AGENCIES. Identify or compensation of any amount. If none, so state.	ft of more than \$300. Include gifts with an oraria accepted for appearances or speeched each executive branch agency before which to.
ART VI. DISCLOSURE OF Orgregate value of more than \$300 for the state of the state	GIFTS. Name the specific source of each giftom a single source. If none, so state. 3. 4. HONORARIA. List the source of any home, so state. 3. 4. ON BEFORE STATE AGENCIES. Identify or compensation of any amount. If none, so state.	ft of more than \$300. Include gifts with an oraria accepted for appearances or speeches each executive branch agency before which te.
ART VI. DISCLOSURE OF Orgregate value of more than \$300 for the state of the state	GIFTS. Name the specific source of each gi from a single source. If none, so state. 3. 4. HONORARIA. List the source of any honne, so state. 3. 4. ON BEFORE STATE AGENCIES. Identify	ft of more than \$300. Include gifts with an oraria accepted for appearances or speeches each executive branch agency before which te.

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RT X. INCOME RECEIVED I	BY MEMBERS OF IMME	DIATE FAMILY.	
t the type of economic activity rep d(ren) during the reporting period ome received by spouse and (D) b	and the kind of income rep.	ome of \$1,000 or more received by you resented. Do not include gifts. Indicate eived by dependent(s).	r spouse or depende e (S) beside sources
Type of Economic Activity			
Representing Each Source of		•	
Income Received		Kind of Income	
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e intentional filing of a false	statement shall be a C	ass E crime. If the Commission	concludes that it
		tement, it shall refer its findings	
	•	t a Legislator has willfully failed	
•		egislator shall be presumed to h	
•	•	n voting on any question in com	
	-	luence the outcome of any quest	
-	-	ct to a civil penalty not to exceed	_
State and recoverable in a	•		
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Jany W. M. Signatur	To e	1 7	
- / / Drug 10. 11	proce	1/7/07	
Signatur	8	Date	